

## 3.3 What Health Care Services do Medicare Beneficiaries Receive?



**Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	19.35	14.70	24.22	20.79	18.99	18.72	17.09
	0.42	1.29	1.11	0.81	0.72	1.65	0.83
Medicare Status <sup>3</sup>							
Aged							
65 - 74 years	15.20	12.45	21.37	15.77	15.59	10.66*	13.24
	0.57	1.99	1.98	1.41	0.91	1.93	1.07
75 - 84 years	23.52	18.46*	29.33	22.94	23.32	25.85	22.70
	0.58	2.64	2.44	1.35	1.21	3.09	1.62
85 years and older	29.64	22.51*	30.22	34.10	29.63	40.54*	22.11*
	1.53	3.56	3.41	2.52	2.70	6.58	2.92
Disabled							
Under 45 years	19.06	18.12*	20.17	7.56*	18.73*	0.00	15.44*
	1.72	4.37	2.04	5.40	3.99	0.00	6.15
45 - 64 years	18.35	12.29*	24.48	18.70*	16.55*	37.15*	16.71*
	1.32	2.36	2.43	5.95	2.73	18.29	3.63
Gender							
Male	20.11	15.97	21.80	22.53	20.24	23.65	18.08
	0.55	1.98	1.51	1.33	0.92	2.70	1.29
Female	18.75	13.00	25.61	19.62	17.85	15.05	16.31
	0.57	1.39	1.47	1.11	0.98	2.17	1.21
Living Arrangement							
Alone	21.05	16.38	23.50	20.83	21.86	21.27*	19.75
	0.79	2.52	1.86	1.38	1.45	3.56	1.74
With spouse	17.56	14.56	23.66	19.13	17.61	16.85	15.35
	0.52	1.74	2.29	1.17	0.81	2.17	1.05
With children	24.81	18.49*	30.25	29.72	24.28	31.39*	16.77*
	1.32	2.58	2.10	3.92	3.17	8.09	2.47
With others	17.86	7.55*	20.33	24.50*	16.92*	10.01*	19.74*
	1.16	2.25	2.16	3.53	3.38	6.77	3.14

**Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	19.35	14.70	24.22	20.79	18.99	18.72	17.09
	0.42	1.29	1.11	0.81	0.72	1.65	0.83
Race/Ethnicity							
White non-Hispanic	19.48	16.57	25.66	20.89	19.10	18.20	16.78
	0.47	1.66	1.65	0.84	0.82	1.81	0.91
Black non-Hispanic	22.30	15.40*	29.23	21.84*	18.79*	41.22*	18.98*
	1.34	2.80	2.85	5.34	2.41	12.08	2.89
Hispanic	16.89	7.58*	17.89	18.00*	20.98*	17.86*	18.30*
	1.39	2.78	2.36	4.73	3.01	14.39	2.98
Other	13.73	5.16*	16.37*	17.73*	14.96*	10.96*	10.95*
	1.77	2.40	3.06	4.60	3.88	12.56	3.39
Income							
Less than \$2,500	18.89	12.34*	26.27*	24.91*	15.06*	0.00	11.85*
	3.08	4.94	6.54	7.00	5.54	0.00	5.39
\$2,500 - \$4,999	17.01*	4.97*	16.94*	22.48*	22.75*	0.00	15.13*
	2.33	3.65	4.00	7.35	7.34	0.00	9.20
\$5,000 - \$7,499	21.66	12.78*	23.55	26.73*	18.64*	0.00	16.95*
	1.33	4.46	1.72	4.16	5.53	0.00	5.26
\$7,500 - \$9,999	21.25	11.85*	23.18	26.00	24.29*	35.42*	18.20*
	1.22	2.18	2.34	2.60	4.09	18.11	2.72
\$10,000 - \$14,999	20.36	15.72	29.72	21.17	20.15	17.48*	18.14
	0.86	2.31	3.36	1.61	1.79	5.14	1.73
\$15,000 - \$19,999	21.20	17.75*	27.18*	19.87	23.72	15.28*	20.18
	1.28	3.96	4.97	2.39	2.06	4.87	2.51
\$20,000 - \$24,999	20.97	16.55*	32.52*	21.73	20.53	25.52*	20.63
	1.08	3.71	10.27	2.47	1.86	5.52	2.52
\$25,000 - \$29,999	18.09	11.80*	5.65*	20.97*	19.90	19.82*	12.53*
	1.33	4.99	5.83	2.67	2.50	4.60	2.56
\$30,000 or more	16.69	17.82*	26.35*	18.01	16.38	18.14	14.57
	0.62	3.89	9.66	1.53	0.88	2.14	1.57

**Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	19.35	14.70	24.22	20.79	18.99	18.72	17.09
	0.42	1.29	1.11	0.81	0.72	1.65	0.83
Health Status							
Excellent	9.39	7.83*	18.90*	9.08*	9.13	4.66*	8.89*
	0.70	2.15	3.72	1.56	1.38	2.09	1.46
Very good	12.85	13.45*	13.80*	12.80	12.67	15.32*	11.99
	0.60	3.06	2.31	1.16	0.93	2.82	1.19
Good	19.55	14.02	18.72	21.94	20.27	22.84*	17.74
	0.86	2.24	1.82	1.77	1.54	3.05	1.62
Fair	26.89	17.48	26.02	33.00	26.99	27.80*	28.57
	1.11	2.38	2.22	2.36	1.87	5.54	2.54
Poor	38.76	18.81*	40.81	48.73	40.63	58.84*	37.31
	1.38	3.66	2.54	3.75	3.46	14.64	4.88
Functional Limitation							
None	12.80	9.39	15.86	13.38	12.88	13.39	11.97
	0.50	1.25	1.68	0.95	0.71	1.96	0.92
IADL only <sup>4</sup>	25.62	16.58*	26.42	27.44	27.18	25.40*	25.72
	1.03	2.95	2.19	1.78	2.10	4.37	2.38
One to two ADLs <sup>5</sup>	27.88	18.46*	28.62	36.51	26.92	29.00*	24.09
	1.21	2.90	2.20	2.84	2.26	5.97	2.57
Three to five ADLs	40.02	36.57*	36.52	44.06	42.50	45.52*	37.25*
	1.69	4.94	2.70	4.56	3.33	11.20	4.98

**Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	19.35	14.70	24.22	20.79	18.99	18.72	17.09
	0.42	1.29	1.11	0.81	0.72	1.65	0.83
Metropolitan Area Resident							
Yes	19.08	14.89	24.19	20.45	18.53	19.71	17.05
	0.48	1.68	1.31	1.08	0.83	1.97	0.84
No	20.26	14.48	24.33	21.39	20.86	15.88*	17.69*
	0.78	1.85	1.84	1.27	1.39	2.99	3.37

Source: Medicare Current Beneficiary Survey, CY 1999 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables. Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *HMO* stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
		Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	68.49	59.00	73.97	73.96	69.19	75.89	59.63
	0.54	1.53	1.12	1.03	0.93	2.20	1.25
Medicare Status <sup>3</sup>							
Aged							
65 - 74 years	65.55	51.55	75.00	70.94	67.40	74.78	55.85
	0.87	3.10	2.14	1.72	1.33	3.18	1.80
75 - 84 years	72.02	57.92	70.83	78.70	71.76	79.72	65.31
	0.76	2.66	2.38	1.48	1.41	3.04	1.60
85 years and older	66.83	57.30	71.99	70.71	69.28	65.19*	56.24
	1.31	4.62	3.18	2.38	2.58	6.92	3.25
Disabled							
Under 45 years	68.55	66.66	70.66	72.94*	64.42	100.00*	57.37*
	1.72	4.89	2.17	11.43	4.77	0.00	11.28
45 - 64 years	73.73	71.85	78.77	69.85*	72.53	74.43*	68.91
	1.70	3.53	2.59	8.72	3.28	17.39	5.79
Gender							
Male	65.85	58.99	70.50	70.19	66.97	70.54	59.53
	0.73	1.99	1.76	1.46	1.43	3.64	1.89
Female	70.61	59.02	75.96	76.51	71.24	79.88	59.71
	0.65	2.51	1.34	1.12	1.17	2.57	1.67
Living Arrangement							
Alone	71.18	53.53	78.50	76.86	71.48	81.15	61.13
	0.76	3.32	1.92	1.43	1.55	3.55	1.96
With spouse	67.95	63.68	74.19	73.32	68.61	73.33	58.89
	0.75	2.54	3.04	1.71	1.37	2.94	1.80
With children	66.09	59.89	70.90	67.68	68.34	82.89*	57.61
	1.62	3.88	2.70	4.45	3.30	7.15	3.60
With others	64.46	54.47	67.64	69.08	63.83	68.40*	63.86
	1.77	4.41	2.80	4.49	5.28	11.25	4.70

**Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
		Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	68.49	59.00	73.97	73.96	69.19	75.89	59.63
	0.54	1.53	1.12	1.03	0.93	2.20	1.25
Race/Ethnicity							
White non-Hispanic	69.19	59.42	74.60	74.74	69.43	75.41	60.78
	0.58	1.90	1.47	1.02	1.08	2.28	1.38
Black non-Hispanic	69.90	63.01	80.03	73.22*	67.81	86.31*	57.80
	1.49	3.97	2.34	5.37	3.64	9.13	3.64
Hispanic	61.81	50.85	69.02	61.13	66.31	68.53*	53.51
	2.26	5.34	3.62	6.96	5.00	18.77	4.57
Other	62.88	59.56*	66.01	62.22*	66.90	100.00*	50.37*
	2.81	7.78	4.56	7.86	5.43	0.00	6.17
Income							
Less than \$2,500	65.97	53.76*	63.03	82.62*	69.49*	100.00*	57.21*
	3.36	9.14	7.13	5.04	7.82	0.00	10.32
\$2,500 - \$4,999	58.69	40.12*	61.84	48.11*	81.86*	0.00	57.73*
	4.01	9.12	6.51	8.62	7.31	0.00	13.05
\$5,000 - \$7,499	69.35	55.10	73.74	68.90	60.02*	91.41*	57.18*
	1.32	5.65	1.59	4.56	7.63	9.97	6.20
\$7,500 - \$9,999	68.28	53.35	76.17	74.46	66.13	71.28*	58.60
	1.35	3.30	1.93	3.07	5.00	17.90	4.79
\$10,000 - \$14,999	68.25	67.42	75.21	73.77	67.00	70.46*	59.41
	1.26	2.74	3.57	2.20	2.46	5.75	2.54
\$15,000 - \$19,999	68.88	59.00	81.94	73.37	70.92	78.81*	61.97
	1.36	5.19	5.43	2.91	2.06	7.06	2.72
\$20,000 - \$24,999	70.72	71.51	78.09*	75.99	72.46	82.23	59.47
	1.34	5.89	9.23	2.82	2.11	5.39	3.60
\$25,000 - \$29,999	68.90	54.43*	100.00*	74.16	71.18	75.31*	58.25
	2.00	9.14	0.00	2.99	2.99	6.15	5.57
\$30,000 or more	68.16	52.55	68.46*	74.81	68.11	75.13	59.91
	1.02	5.02	12.92	1.66	1.44	3.25	2.49



**Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
		Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	68.49	59.00	73.97	73.96	69.19	75.89	59.63
	0.54	1.53	1.12	1.03	0.93	2.20	1.25
Health Status							
Excellent	57.11	42.11	57.42	65.81	58.67	61.97	49.83
	1.39	5.18	5.15	2.93	2.42	6.10	2.74
Very good	63.89	43.96	65.13	72.28	65.87	77.02	53.99
	1.11	3.39	3.48	1.93	1.76	3.24	2.23
Good	69.54	59.53	70.77	75.73	69.83	75.93	63.39
	0.78	3.10	2.09	1.65	1.55	3.42	1.97
Fair	76.95	71.87	79.81	78.62	78.42	91.42	69.01
	0.97	3.28	2.15	2.19	1.86	4.20	2.96
Poor	79.01	70.26	82.95	79.42	80.26	81.65*	76.41
	1.33	5.06	2.22	3.28	2.71	13.94	4.07
Functional Limitation							
None	63.49	51.49	68.63	70.46	64.85	73.19	53.76
	0.71	2.47	2.16	1.54	1.13	2.78	1.46
IADL only <sup>4</sup>	73.99	63.27	73.74	80.32	75.11	81.63	69.63
	1.11	3.61	1.89	1.97	1.97	4.35	2.72
One to two ADLs <sup>5</sup>	78.88	70.28	80.65	83.92	80.67	78.75	72.66
	1.08	3.58	2.40	2.27	2.10	5.51	2.71
Three to five ADLs	74.95	74.80	81.08	69.37	74.99	84.14*	68.99
	1.53	5.21	2.85	3.73	2.79	8.25	4.98

**Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
		Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance		
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	68.49	59.00	73.97	73.96	69.19	75.89	59.63
	0.54	1.53	1.12	1.03	0.93	2.20	1.25
Metropolitan Area Resident							
Yes	65.48	55.40	70.94	69.15	66.85	73.65	59.17
	0.67	2.03	1.31	1.39	1.08	2.73	1.27
No	78.17	65.64	82.56	82.18	78.53	82.37	67.06
	0.82	2.20	1.80	1.38	1.38	3.36	4.41

Source: Medicare Current Beneficiary Survey, CY 1999 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 *HMO* stands for Health Maintenance Organization.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

4 *IADL* stands for Instrumental Activity of Daily Living.

5 *ADL* stands for Activity of Daily Living.

**Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	94.56	83.61	93.99	96.95	96.10	98.39	94.19
	0.23	1.29	0.75	0.35	0.40	0.66	0.57
Medicare Status <sup>3</sup>							
Aged							
65 - 74 years	93.51	77.91	94.28	95.93	95.03	97.47	93.56
	0.39	2.41	1.21	0.58	0.67	0.97	0.84
75 - 84 years	96.42	85.41	94.94	98.18	97.41	99.39	95.47
	0.32	2.30	1.23	0.41	0.52	0.62	0.89
85 years and older	96.02	85.60	95.01	97.76	99.14	100.00	93.34
	0.53	3.45	1.83	0.56	0.48	0.00	1.67
Disabled							
Under 45 years	91.54	87.23	91.62	96.59*	95.63	100.00*	88.23*
	1.01	3.08	1.45	3.29	2.24	0.00	6.36
45 - 64 years	93.85	90.92	93.96	92.43	95.77	100.00*	94.97
	0.95	2.14	1.65	4.10	1.88	0.00	2.11
Gender							
Male	93.02	82.41	90.67	95.85	94.98	98.09	93.62
	0.37	1.98	1.55	0.71	0.62	1.19	1.05
Female	95.80	85.21	95.90	97.70	97.13	98.61	94.64
	0.29	1.57	0.64	0.45	0.50	0.71	0.69
Living Arrangement							
Alone	94.54	77.53	94.89	97.60	96.46	97.95	94.62
	0.42	2.58	1.04	0.61	0.78	1.22	1.11
With spouse	95.43	87.25	95.92	97.41	95.98	98.65	94.35
	0.27	2.15	0.97	0.59	0.48	0.68	0.82
With children	92.81	85.63	94.72	92.31	96.56	100.00*	91.08
	0.91	2.99	1.35	2.44	1.42	0.00	2.32
With others	91.00	82.62	89.55	94.12	94.96	94.54*	96.54
	1.09	3.33	2.03	1.74	2.85	5.70	1.65

**Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	94.56	83.61	93.99	96.95	96.10	98.39	94.19
	0.23	1.29	0.75	0.35	0.40	0.66	0.57
Race/Ethnicity							
White non-Hispanic	95.50	85.77	94.39	97.28	96.62	98.79	94.70
	0.24	1.48	0.92	0.30	0.39	0.61	0.59
Black non-Hispanic	91.07	80.66	94.55	94.59	95.11	82.24*	89.37
	0.94	2.79	1.38	2.74	1.61	11.77	2.75
Hispanic	89.83	74.23	92.96	90.13	88.36	100.00*	97.08
	1.17	4.46	1.57	5.66	3.82	0.00	1.30
Other	92.20	86.79*	93.28	96.77	92.48	100.00*	89.83
	1.57	5.91	2.69	2.25	3.28	0.00	4.25
Income							
Less than \$2,500	91.12	70.28*	93.14	93.07*	98.12*	100.00*	96.07*
	1.80	6.71	2.99	3.97	2.01	0.00	2.94
\$2,500 - \$4,999	90.76	78.12*	89.44	96.34*	95.30*	100.00*	95.74*
	2.08	7.23	3.59	3.44	4.61	0.00	4.47
\$5,000 - \$7,499	92.68	82.99	94.56	93.85	98.38*	100.00*	86.57
	0.89	3.80	0.96	2.92	1.61	0.00	4.37
\$7,500 - \$9,999	91.37	76.42	93.93	97.52	93.91	100.00*	92.10
	0.99	3.08	1.30	1.02	3.03	0.00	1.95
\$10,000 - \$14,999	94.23	89.14	94.27	96.84	95.19	95.31	93.23
	0.66	1.86	2.23	0.75	1.28	3.15	1.58
\$15,000 - \$19,999	95.64	87.98	91.04	96.33	97.16	98.50*	96.67
	0.65	2.96	4.15	1.07	0.95	1.48	1.19
\$20,000 - \$24,999	96.05	88.84	100.00*	98.11	97.11	97.22	93.98
	0.57	4.30	0.00	0.84	0.82	1.97	1.54
\$25,000 - \$29,999	95.63	82.69*	100.00*	98.98	96.17	97.85	92.91
	0.88	6.77	0.00	0.71	1.21	2.14	2.37
\$30,000 or more	95.68	81.00	95.72*	96.89	95.81	99.17	95.37
	0.43	4.02	4.23	0.76	0.62	0.58	0.98

**Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	94.56	83.61	93.99	96.95	96.10	98.39	94.19
	0.23	1.29	0.75	0.35	0.40	0.66	0.57
Health Status							
Excellent	91.84	66.53	91.56	94.99	93.66	97.37	93.00
	0.76	5.41	2.55	1.22	1.33	1.84	1.36
Very good	93.23	76.63	87.37	96.33	95.29	98.47	92.50
	0.52	2.87	2.80	0.84	0.92	0.91	1.07
Good	95.42	86.25	93.27	98.22	96.74	98.07	95.07
	0.36	1.71	1.13	0.52	0.67	1.12	0.86
Fair	96.60	91.41	96.46	98.25	97.55	100.00	96.84
	0.50	1.70	0.87	0.75	0.85	0.00	1.03
Poor	95.53	87.75	97.15	94.34	98.30	100.00*	95.69
	0.78	3.95	0.98	2.21	1.04	0.00	2.32
Functional Limitation							
None	93.34	79.15	91.21	96.34	94.77	98.39	93.19
	0.33	2.03	1.58	0.53	0.57	0.87	0.72
IADL only <sup>4</sup>	96.16	88.11	93.93	99.02	98.61	100.00	95.62
	0.40	2.23	1.00	0.52	0.55	0.00	0.97
One to two ADLs <sup>5</sup>	96.98	89.54	95.86	98.23	99.59	95.27	97.47
	0.35	3.30	1.20	0.71	0.29	2.79	1.24
Three to five ADLs	95.59	88.54	99.16	93.86	96.66	100.00*	94.22
	0.87	2.79	0.53	2.31	1.49	0.00	2.81

**Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	94.56	83.61	93.99	96.95	96.10	98.39	94.19
	0.23	1.29	0.75	0.35	0.40	0.66	0.57
Metropolitan Area Resident							
Yes	94.36	82.71	93.40	96.83	95.77	98.41	94.16
	0.28	1.75	0.96	0.51	0.46	0.83	0.57
No	95.28	85.81	95.69	97.16	97.35	98.32	94.67
	0.34	1.64	1.14	0.36	0.74	0.90	2.65

Source: Medicare Current Beneficiary Survey, CY 1999 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 *HMO* stands for Health Maintenance Organization.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

4 *IADL* stands for Instrumental Activity of Daily Living.

5 *ADL* stands for Activity of Daily Living.

**Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Dental Service							
All Beneficiaries	43.39	24.84	23.75	46.26	52.67	68.70	42.28
	0.72	1.45	1.18	1.13	1.08	2.19	1.18
Medicare Status <sup>3</sup>							
Aged							
65 - 74 years	46.81	24.14	21.99	49.69	56.28	69.56	43.58
	0.92	2.41	1.94	1.67	1.41	3.32	1.68
75 - 84 years	43.99	26.12	17.64	46.61	49.63	68.92	42.58
	1.09	2.86	1.70	1.60	1.97	3.41	2.04
85 years and older	33.51	19.36*	12.46*	33.72	43.81	64.54*	36.24
	1.44	3.83	2.58	2.50	2.90	6.43	3.26
Disabled							
Under 45 years	35.21	30.40*	31.53	54.74*	49.28	51.53*	40.21*
	1.84	4.73	2.20	13.24	5.39	35.22	9.14
45 - 64 years	36.02	25.33	31.69	35.29*	48.62	59.26*	36.47*
	1.72	3.33	2.99	6.82	3.13	16.76	5.25
Gender							
Male	41.99	22.03	22.68	44.63	51.64	65.93	40.78
	0.94	1.74	1.73	1.49	1.71	3.28	1.69
Female	44.51	28.61	24.36	47.37	53.62	70.76	43.46
	0.87	2.35	1.40	1.64	1.31	3.01	1.53
Living Arrangement							
Alone	40.06	23.53	23.38	44.57	49.48	73.65	37.46
	0.96	2.70	1.72	1.51	1.69	4.01	2.01
With spouse	49.13	27.41	20.96	50.13	55.35	69.63	46.31
	0.93	2.21	2.50	1.56	1.40	2.76	1.54
With children	25.98	15.03*	19.75	27.96	36.28	40.75*	29.85
	1.45	2.89	1.91	3.74	3.59	7.32	3.60
With others	39.48	30.19	31.57	43.59	50.84	65.22*	49.68
	1.79	4.09	2.30	4.12	4.68	10.80	5.22

**Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
		Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Dental Service							
All Beneficiaries	43.39	24.84	23.75	46.26	52.67	68.70	42.28
	0.72	1.45	1.18	1.13	1.08	2.19	1.18
Race/Ethnicity							
White non-Hispanic	47.06	27.12	25.16	47.59	54.74	69.20	44.75
	0.84	1.91	1.49	1.20	1.16	2.29	1.36
Black non-Hispanic	23.45	18.08*	20.16	16.93*	31.64	45.93*	25.13*
	1.58	3.08	2.26	5.34	3.67	14.39	3.30
Hispanic	32.34	25.75*	24.89	33.82*	46.87	76.91*	34.92
	2.35	4.91	2.66	6.81	5.75	15.27	4.46
Other	33.49	17.18*	22.06*	42.28*	43.67*	67.78*	42.88*
	2.46	4.44	4.41	7.25	5.55	22.23	5.97
Income							
Less than \$2,500	30.34	7.66*	17.64*	43.79*	43.51*	33.71*	40.47*
	3.19	3.83	4.97	7.70	8.87	29.65	10.03
\$2,500 - \$4,999	31.09	26.05*	26.78*	30.32*	37.44*	100.00*	45.77*
	3.71	8.91	6.00	6.96	7.78	0.00	14.17
\$5,000 - \$7,499	19.67	16.35*	19.21	20.66*	22.66*	17.47*	27.30*
	1.23	3.65	1.56	3.94	5.56	13.59	5.91
\$7,500 - \$9,999	27.60	15.83*	29.18	30.40	38.30	53.12*	24.57*
	1.33	2.61	2.50	3.05	5.22	16.73	3.57
\$10,000 - \$14,999	32.02	24.82	23.51	35.80	36.32	45.17*	30.42
	1.05	2.81	2.61	2.11	2.31	7.28	2.24
\$15,000 - \$19,999	39.70	26.73*	32.66*	41.32	43.12	63.00*	36.86
	1.44	4.79	6.60	2.80	2.72	6.69	3.00
\$20,000 - \$24,999	43.10	40.40*	25.63*	43.44	45.77	57.59*	37.26
	1.57	6.09	10.92	3.10	2.97	7.44	3.37
\$25,000 - \$29,999	51.13	23.14*	11.58*	53.05	54.97	63.50*	44.93
	2.27	8.58	11.43	3.23	3.71	7.70	4.46
\$30,000 or more	63.17	39.33	27.70*	63.10	63.44	79.22	61.59
	0.96	4.21	11.13	1.93	1.48	2.73	2.23



**Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
		Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance		
Percentage of Beneficiaries with at Least One Dental Service							
All Beneficiaries	43.39	24.84	23.75	46.26	52.67	68.70	42.28
	0.72	1.45	1.18	1.13	1.08	2.19	1.18
Health Status							
Excellent	51.82	26.06*	34.54*	51.68	60.80	67.07	48.18
	1.21	4.49	4.72	3.07	2.16	5.70	2.57
Very good	49.49	25.26	20.54	53.21	54.78	74.31	47.69
	1.08	3.30	2.94	1.89	1.88	3.91	2.17
Good	43.31	22.50	27.00	47.23	52.65	66.80	38.46
	1.12	2.31	2.01	1.86	1.79	3.63	1.97
Fair	35.04	29.13	21.41	34.19	47.19	61.48*	34.36
	1.22	3.24	1.79	2.93	2.91	6.06	3.05
Poor	28.69	20.42*	19.91	26.49*	39.64	56.10*	33.35*
	1.58	3.64	2.22	4.40	2.66	12.48	4.76
Functional Limitation							
None	48.17	25.70	24.29	51.07	56.18	68.29	46.03
	0.81	2.14	1.97	1.36	1.34	3.10	1.35
IADL only <sup>4</sup>	39.64	23.63	27.02	44.02	49.48	74.06	35.82
	1.16	2.48	2.19	2.61	1.96	3.86	2.44
One to two ADLs <sup>5</sup>	36.69	21.89*	21.56	35.58	48.12	73.35*	37.29
	1.45	3.89	2.27	2.64	2.99	6.00	3.25
Three to five ADLs	27.11	27.65*	18.08	25.23*	35.04	34.75*	28.62*
	1.67	4.76	2.55	3.92	3.49	12.81	3.86

**Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Dental Service							
All Beneficiaries	43.39	24.84	23.75	46.26	52.67	68.70	42.28
	0.72	1.45	1.18	1.13	1.08	2.19	1.18
Metropolitan Area Resident							
Yes	45.00	25.93	24.58	49.04	53.53	71.12	43.11
	0.79	2.05	1.34	1.32	1.27	2.67	1.24
No	38.38	23.19	21.37	41.52	49.57	61.71	28.98*
	1.46	2.05	2.38	1.97	2.04	3.95	2.94

Source: Medicare Current Beneficiary Survey, CY 1999 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.  
Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *HMO* stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	89.83	79.67	90.15	90.67	91.26	95.41	90.01
	0.34	1.42	0.83	0.68	0.51	0.98	0.76
Medicare Status <sup>3</sup>							
Aged							
65 - 74 years	88.33	76.92	89.92	87.99	90.41	94.21	87.55
	0.55	2.37	1.57	1.11	0.74	1.66	1.30
75 - 84 years	91.93	78.90	93.11	92.93	91.83	96.41	92.76
	0.45	2.92	1.41	0.86	0.84	1.48	0.93
85 years and older	91.33	76.26	94.30	93.39	91.13	98.05*	91.74
	0.83	4.26	1.57	1.34	1.44	1.91	1.95
Disabled							
Under 45 years	86.16	74.56	86.67	96.59*	92.99	100.00*	94.23*
	1.27	3.75	1.75	3.29	2.29	0.00	4.05
45 - 64 years	91.01	87.88	88.47	90.23*	94.39	100.00*	95.38
	1.38	3.17	2.69	4.60	2.46	0.00	1.85
Gender							
Male	87.98	78.94	88.01	88.17	90.36	93.91	87.92
	0.51	2.17	1.51	1.14	0.76	1.76	1.27
Female	91.33	80.64	91.37	92.36	92.10	96.52	91.64
	0.42	1.73	0.92	0.77	0.72	1.07	1.00
Living Arrangement							
Alone	89.88	72.79	90.92	91.23	91.68	95.58	91.34
	0.61	2.85	1.27	1.13	1.07	1.49	1.26
With spouse	90.35	83.71	91.98	90.54	91.31	94.91	89.16
	0.41	2.14	1.56	1.00	0.58	1.29	1.07
With children	89.82	82.65	91.68	89.83	92.21	100.00*	88.49
	1.06	3.47	1.49	2.62	2.14	0.00	2.59
With others	86.08	77.90	85.18	89.18	85.99	94.54*	93.73
	1.19	3.17	2.10	2.61	3.73	5.70	2.03

**Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	89.83	79.67	90.15	90.67	91.26	95.41	90.01
	0.34	1.42	0.83	0.68	0.51	0.98	0.76
Race/Ethnicity							
White non-Hispanic	90.20	79.53	89.87	90.73	91.63	95.51	89.93
	0.39	1.97	1.16	0.68	0.56	1.05	0.88
Black non-Hispanic	88.44	80.07	92.20	93.42	88.50	86.31*	88.14
	1.08	2.97	1.73	3.71	2.64	9.13	2.76
Hispanic	88.97	78.68	90.70	88.77	89.12	100.00*	93.36
	1.43	4.04	2.11	4.95	3.62	0.00	1.78
Other	86.88	81.66*	86.14	88.21	88.48	100.00*	87.84
	2.32	7.23	4.03	5.44	3.38	0.00	4.69
Income							
Less than \$2,500	88.30	81.25*	83.09	89.22*	93.91*	100.00*	94.67*
	2.53	6.60	4.38	5.56	3.94	0.00	5.88
\$2,500 - \$4,999	88.25	73.56*	87.56	92.75*	91.55*	100.00*	97.21*
	2.52	8.61	4.18	5.33	4.49	0.00	2.90
\$5,000 - \$7,499	89.20	78.76	91.07	87.61	97.53*	100.00*	86.45
	0.95	4.23	1.11	3.87	1.77	0.00	4.18
\$7,500 - \$9,999	87.40	73.52	89.83	91.78	90.08	91.72*	89.54
	1.13	3.20	1.41	1.71	3.23	8.48	2.52
\$10,000 - \$14,999	89.40	82.24	91.56	92.18	89.07	95.31	89.11
	0.77	2.26	2.42	1.27	2.10	3.15	1.82
\$15,000 - \$19,999	91.12	84.83	89.30	90.95	90.73	96.91*	94.39
	0.90	3.19	4.21	1.59	1.60	2.20	1.34
\$20,000 - \$24,999	90.18	88.55	92.68*	89.08	90.45	98.84	89.31
	0.85	4.57	6.05	2.07	1.39	1.13	2.24
\$25,000 - \$29,999	90.16	74.19*	100.00*	88.47	91.89	91.98	91.13
	1.28	7.28	0.00	2.62	2.01	3.65	3.00
\$30,000 or more	90.64	76.09	82.28*	90.61	91.96	95.12	88.51
	0.57	3.96	11.30	1.04	0.74	1.50	1.76

**Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
		Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	89.83	79.67	90.15	90.67	91.26	95.41	90.01
	0.34	1.42	0.83	0.68	0.51	0.98	0.76
Health Status							
Excellent	80.50	60.39	82.98	78.66	81.12	88.13	85.35
	1.14	5.56	4.31	2.32	1.92	3.79	1.88
Very good	86.77	68.21	81.13	89.81	88.80	96.41	85.49
	0.81	3.94	2.88	1.33	1.18	1.73	1.79
Good	92.13	81.42	89.24	93.45	94.53	96.08	92.84
	0.49	2.04	1.64	0.92	0.77	1.47	1.01
Fair	95.60	91.17	94.50	96.82	96.55	100.00	97.06
	0.45	1.41	1.07	0.94	0.83	0.00	0.96
Poor	94.01	87.45	94.76	92.25	96.28	100.00*	96.44
	1.07	3.91	1.41	2.46	1.41	0.00	2.42
Functional Limitation							
None	86.95	74.19	86.04	88.15	88.47	94.01	87.05
	0.51	2.10	1.78	0.96	0.72	1.39	1.06
IADL only <sup>4</sup>	93.72	86.92	90.90	94.46	96.01	100.00	95.45
	0.54	2.06	1.19	1.22	0.74	0.00	1.14
One to two ADLs <sup>5</sup>	94.12	82.42	92.28	95.92	97.12	95.43	96.17
	0.61	3.57	1.97	0.94	1.02	2.66	1.18
Three to five ADLs	94.60	88.44	97.01	93.67	95.64	96.59*	94.08
	0.84	2.30	1.14	2.12	1.58	3.53	2.86

**Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased	Employer-Sponsored	Both Types of	
				Private Insurance	Private Insurance		
Percentage of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	89.83	79.67	90.15	90.67	91.26	95.41	90.01
	0.34	1.42	0.83	0.68	0.51	0.98	0.76
Metropolitan Area Resident							
Yes	89.78	78.75	89.53	90.86	90.88	96.05	90.05
	0.38	1.64	1.02	0.79	0.61	1.07	0.79
No	90.11	81.87	91.91	90.35	92.69	93.54	89.37
	0.69	2.45	1.38	1.26	0.78	1.94	1.51

Source: Medicare Current Beneficiary Survey, CY 1999 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables. Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *HMO* stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

All Medicare Beneficiaries

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Beneficiary Characteristic	Total <sup>1</sup>	Medicare Fee-for-Service	Supplemental Health Insurance <sup>2</sup>	
		Only	Medicaid	Private Insurance
Percentage of Beneficiaries with at Least One Short- or Long-Term Facility Stay				
All Beneficiaries	9.24	10.12	25.40	5.63
	0.25	0.88	0.86	0.30
Medicare Status <sup>3</sup>				
Aged				
65 - 74 years	3.01	3.10*	12.25	1.78
	0.27	0.93	1.52	0.23
75 - 84 years	10.72	14.73*	31.84	7.40
	0.42	2.10	1.89	0.55
85 years and older	33.18	41.40	60.28	22.18
	1.04	3.18	2.35	1.30
Disabled				
Under 45 years	9.62	4.10*	13.90	0.58*
	1.01	1.94	1.45	0.56
45 - 64 years	7.14	4.08*	16.01	1.14*
	0.83	1.10	1.87	0.56
Gender				
Male	6.88	6.83	22.03	4.22
	0.31	0.79	1.33	0.37
Female	11.08	14.21	27.24	6.75
	0.33	1.56	1.06	0.39
Marital Status				
Married	3.93	4.19*	16.66	3.06
	0.28	0.85	1.59	0.33
Widowed	16.39	21.56	33.64	10.88
	0.57	2.35	1.50	0.61
Divorced/separated	6.34	5.11*	11.79	3.64*
	0.65	1.36	1.54	0.93
Never married	18.66	11.55*	28.34	9.35*
	1.32	2.38	2.20	1.93

**Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

All Medicare Beneficiaries

2 of 4

Beneficiary Characteristic	Total <sup>1</sup>	Medicare Fee-for-Service	Supplemental Health Insurance <sup>2</sup>	
		Only	Medicaid	Private Insurance
Percentage of Beneficiaries with at Least One Short- or Long-Term Facility Stay				
All Beneficiaries	9.24	10.12	25.40	5.63
	0.25	0.88	0.86	0.30
Race/Ethnicity				
White non-Hispanic	9.77	13.14	34.35	5.80
	0.27	1.27	1.16	0.30
Black non-Hispanic	8.99	3.01*	17.36	5.24*
	0.81	0.71	1.58	1.17
Hispanic	4.39	4.55*	6.57*	2.19*
	0.63	1.28	1.12	0.94
Other	4.96*	2.53*	6.89*	4.29*
	0.89	1.80	1.56	1.43
Income				
Less than \$2,500	14.03	10.86*	29.83*	5.54*
	1.82	4.94	4.63	2.13
\$2,500 - \$4,999	17.97	9.91*	25.45	10.25*
	2.26	4.00	3.21	3.41
\$5,000 - \$7,499	17.03	6.48*	21.26	9.81*
	0.98	2.06	1.25	2.41
\$7,500 - \$9,999	14.17	9.06*	21.58	10.44
	0.77	1.78	1.31	1.42
\$10,000 - \$14,999	10.20	10.36*	28.31	6.76
	0.63	1.77	2.59	0.74
\$15,000 - \$19,999	9.45	9.99*	42.26	7.45
	0.84	2.33	4.70	0.92
\$20,000 - \$24,999	7.17	11.62*	46.08*	5.61
	0.67	2.97	7.43	0.75
\$25,000 - \$29,999	6.35	6.99*	48.84*	5.55*
	0.74	3.27	10.19	0.94
\$30,000 or more	4.63	14.20*	56.90*	3.66
	0.27	2.51	6.44	0.32



**Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

All Medicare Beneficiaries

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Beneficiary Characteristic	Total <sup>1</sup>	Medicare Fee-for-Service	Supplemental Health Insurance <sup>2</sup>	
		Only	Medicaid	Private Insurance
Percentage of Beneficiaries with at Least One Short- or Long-Term Facility Stay				
All Beneficiaries	9.24	10.12	25.40	5.63
	0.25	0.88	0.86	0.30
Health Status				
Excellent	3.24	6.40*	10.61*	2.40*
	0.45	1.80	2.47	0.47
Very good	3.62	5.89*	15.43	2.63
	0.30	1.49	1.68	0.35
Good	8.33	8.71*	22.27	5.51
	0.47	1.23	1.54	0.53
Fair	17.27	13.95	31.19	11.00
	0.66	1.75	1.71	0.81
Poor	18.23	13.54*	30.14	12.68
	1.15	2.45	2.33	1.43
Functional Limitation				
None	1.57	2.19*	3.18*	1.37
	0.18	0.58	0.82	0.22
IADL only <sup>4</sup>	6.78	4.98*	9.07	6.70
	0.60	1.41	1.12	0.78
One to two ADLs <sup>5</sup>	14.94	14.62*	24.31	12.54
	0.78	2.66	1.58	1.13
Three to five ADLs	46.20	44.39	66.50	27.96
	1.45	4.03	1.91	1.86

**Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1999**

All Medicare Beneficiaries

4 of 4

Beneficiary Characteristic	Total <sup>1</sup>	Medicare Fee-for-Service	Supplemental Health Insurance <sup>2</sup>	
		Only	Medicaid	Private Insurance
Percentage of Beneficiaries with at Least One Short- or Long-Term Facility Stay				
All Beneficiaries	9.24	10.12	25.40	5.63
	0.25	0.88	0.86	0.30
Metropolitan Area Resident				
Yes	9.03	12.40	24.67	5.52
	0.29	1.27	0.94	0.33
No	9.92	6.09*	27.39	5.93
	0.41	0.87	2.01	0.53

Source: Medicare Current Beneficiary Survey, CY 1999 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.  
Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The 9.24 percent of Medicare beneficiaries with a facility stay differs from the 6.62 percent of Medicare beneficiaries who either resided full-year in a long-term care facility or part of the year in a long-term care facility, as shown in Table 1.1. User rates in this table include full-year community residents who had short-term facility stays (institutional events), primarily in skilled nursing facilities, that were reported either during a community interview or collected through Medicare claims data. The residence rates in Table 1.1 do not count such people as residing full- or part-year in a long-term care facility.
- 2 Beneficiaries enrolled in Medicare HMOs are not included in individual categories in the table, but are included in the total. Beneficiaries who were not eligible for Medicaid at any time during 1999, but who had individually-purchased private insurance, employer-sponsored private insurance, private insurance from an unknown source, or who were enrolled in a private HMO are included in the category *private insurance*.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 IADL stands for Instrumental Activity of Daily Living.
- 5 ADL stands for Activity of Daily Living.